



Quarterly Financial Review (December 2012)

Office of Medicaid Policy & Planning

Office of Medicaid Policy & Planning
Pat Casanova
Director

Unit Directors:
Natalie Angel
Matthew Cesnick
Joy Heim

Unit Directors:
Jeane Maitland
Leslie Melton
Pat Nolting





Quarterly Financial Review

- OMPP Financials
 - Medicaid Administration
 - Medicaid Assistance
- ACA Primary Care Physician Payments
- Legislative Updates

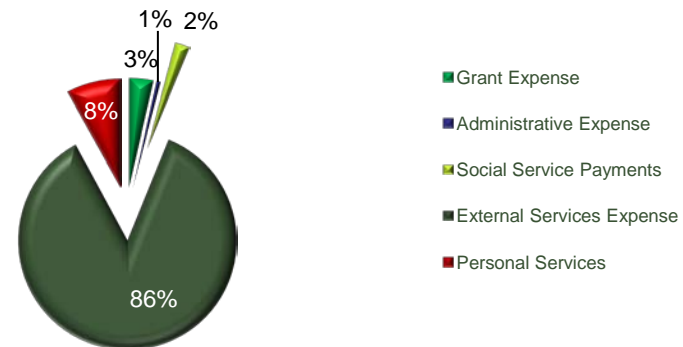


ADMINISTRATION



Medicaid Administration Program Summary December 2012 YTD

<u>Expenditures</u>	SFY 2013 Year To Date		Variance	SFY 2013		Variance
	Actual	Budget		Forecast	Budget	
1 Personnel Services	4,642,158	4,937,764	295,606	10,713,395	12,099,438	1,386,043
2 Utilities Expenses	-	-	-	-	-	-
3 External Services Expense	49,635,036	57,834,579	8,199,542	123,156,080	131,928,065	8,771,985
4 Supplies Materials Parts	6,359	16,353	9,994	40,051	40,051	-
5 Capital	197	3,333	3,136	10,000	10,000	-
7 Grant Expense	2,724,654	2,779,079	54,425	5,237,204	5,237,204	-
8 Social Service Payments	1,283,442	1,664,163	380,721	3,301,193	3,301,193	-
9 Administrative Expense	93,124	41,504	(51,620)	362,880	362,880	-
ID Bills	240,148	239,045	(1,103)	491,000	491,000	-
Total	58,625,117	67,515,820	8,890,702	143,311,803	153,469,831	10,158,028
Federal	40,332,921	47,098,472	6,765,551	103,655,495	110,914,639	7,259,144
State	18,292,196	20,417,348	2,125,152	39,656,308	42,555,192	2,898,884
Total	58,625,117	67,515,820	8,890,702	143,311,803	153,469,831	10,158,028



86 % of the SFY 2013 Medicaid Admin budget - external services (contracts).

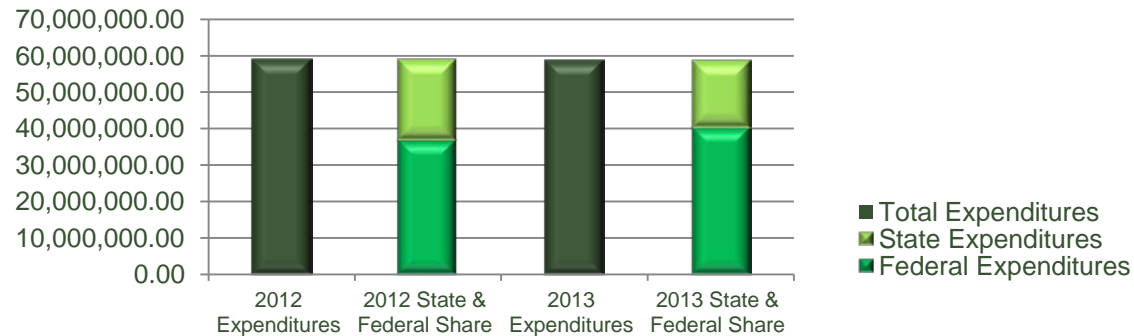
13 % of the SFY 2013 Medicaid Admin budget - personnel, grant and social service spend.

1% of the SFY 2013 Medicaid Administrative budget - supplies, equipment, ID Bills, and miscellaneous admin spend are included in the budget.

Note: YTD variance due primarily to lag in contract reimbursement



Medicaid Administration Yearly Comparison December SFY 2012 vs December SFY 2013



Year	Expenditures	Federal Share	State Share
December SFY 2012	59,012,141	36,836,155	22,175,986
December SFY 2013	58,625,117	40,332,921	18,292,196
Increase/Decrease	-1%	9%	-17.51%

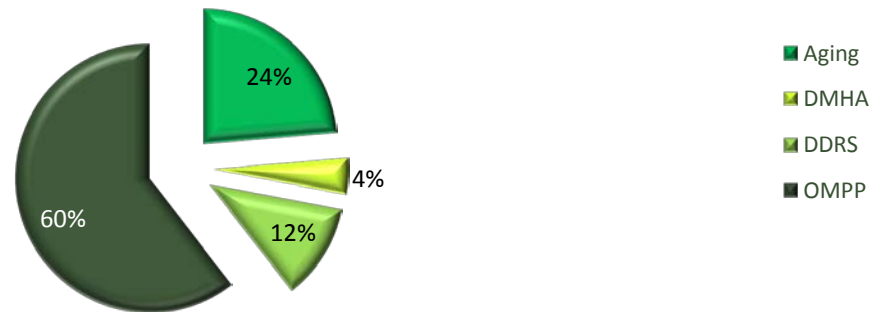
- YTD spend 1% lower than this time last year.
- 17.51% decrease in state share due to enhanced federal match for various IT projects.



ASSISTANCE



Medicaid Annual Assistance Budget SFY 2013

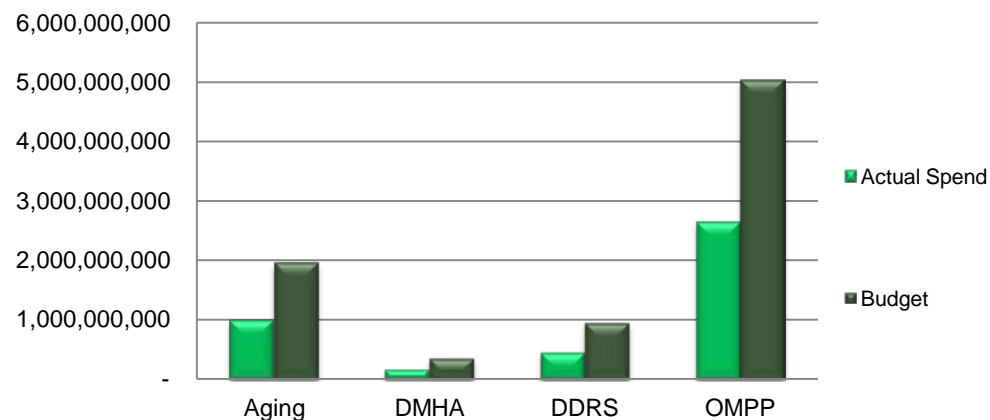


Division	Budget
Aging	1,972,499,885
DMHA	359,317,008
DDRS	961,561,822
OMPP	5,038,794,894
Total	8,332,173,609

- 60% of SFY 2013 Budget OMPP
- 24% of SFY 2013 Budget Aging
- 12% of SFY 2013 Budget DDRS
- 4% of SFY 2013 Budget DMHA



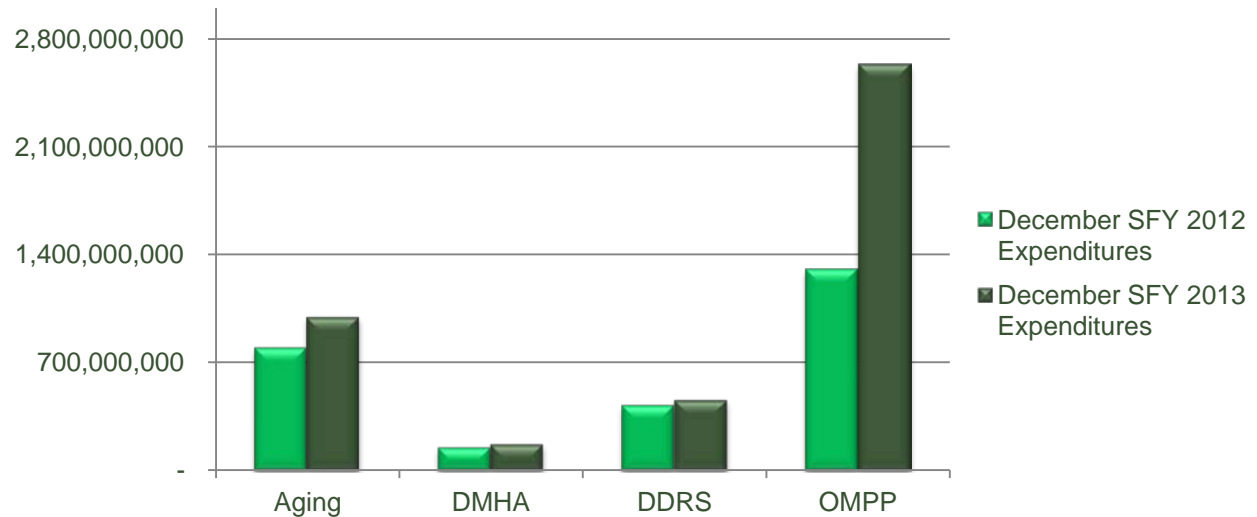
Medicaid Assistance December 2012 YTD Actual Spend vs. Budget



Division	Actual Spend SFY 2013	Budget SFY 2013	Variance
Aging	997,203,167	1,012,290,621	1.51%
DMHA	173,473,218	177,174,354	2.13%
DDRS	458,944,616	467,253,514	1.81%
OMPP	2,634,439,854	2,702,340,347	2.58%
Total	4,264,060,856.14	4,359,058,837	2.23%



Medicaid Assistance Expenditures December SFY 2012 vs. December SFY 2013



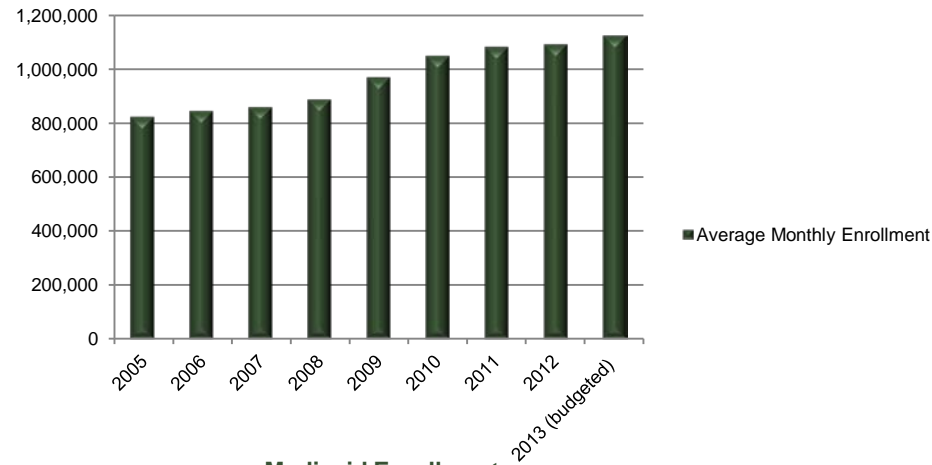
Division	December SFY 2012 Expenditures	December SFY 2013 Expenditures	Increase
Aging	793,119,284	997,203,167	26%
DMHA	152,157,138	173,473,218	14%
DRS	421,638,023	458,944,616	9%
OMPP	1,298,577,061	2,634,439,854	103%
Total - Budgeted Expenditures	2,665,491,506	4,264,060,856	60%

Note: Increase in expenditures due primarily to Hospital Assessment Fee (HAF) expenditures
HAF expenditures for SFY 2013 - \$1,291,545,263



Enrollment

Average Monthly Enrollment



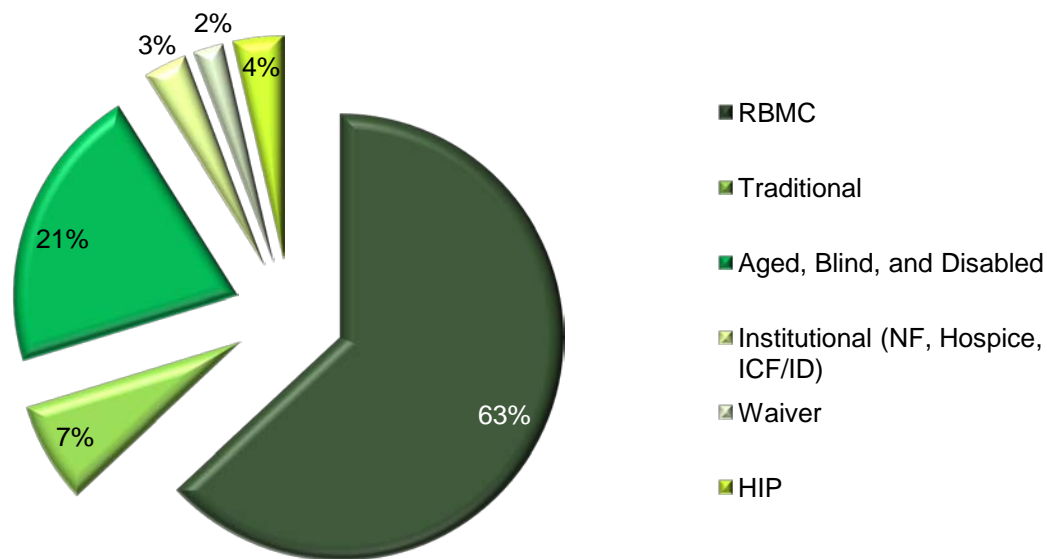
Medicaid Enrollment		
State Fiscal Year	Average Monthly Enrollment	Growth
2005	820,985	
2006	842,870	3%
2007	856,641	2%
2008	884,879	3%
2009	967,475	9%
2010	1,046,513	8%
2011	1,080,185	3%
2012	1,090,235	1%
2013 (forecast)	1,121,606	3%

Medicaid continues to see a slight increase in enrollment year after year.

SFY 2013, enrollment projected to grow by 3%



December Actual Enrollment by Group



Group	December Enrollment
RBMC	696,046
Traditional	79,902
Aged, Blind, and Disabled	229,505
Institutional (NF, Hospice, ICF/ID)	34,888
Waiver	23,931
HIP	39,577
Total	1,103,849



Total Medicaid Expenditures December 2012 YTD

December-12
4 Payment Days in Month

Expenditures

Division Program Services

Nursing Facility
Hospice

Waiver Services

ICF/ID

Inpatient Psychiatric

Mental Health Rehabilitation

Other Mental Health Services

PRTF Facility

CA - PRTF

Managed Care Capitation Payments

Managed Care Kick Payments

Managed Care HAF Payments

Healthy Indiana Plan

PCCM/CMO Fees

State Plan Services

Other Expenditures and Collections

Total Budgeted Expenditures

Non-Budget Expenditures

Total - Expenditures

Per Enrollee

Estimated Enrollees

Total Cost per Enrollee per Month

Current Month Actual	SFY 2013 Year to Date		Variance	SFY 2013		Variance
	Actual Spent	Budget		Forecast	Budget	
Nursing Facility	109,302,064	695,470,872	7,355,467	1,318,136,712	1,319,779,357	1,642,645
Hospice	6,058,041	39,586,328	627,800	77,723,899	77,001,469	(722,430)
Waiver Services	52,290,097	330,391,315	6,794,615	698,386,734	713,969,313	15,582,580
ICF/ID	23,341,822	148,016,878	2,105,339	301,065,612	291,256,856	(9,808,756)
Inpatient Psychiatric	3,786,338	24,629,830	(1,336,488)	50,600,960	46,967,580	(3,633,380)
Mental Health Rehabilitation	16,928,044	106,663,707	2,464,759	221,033,587	223,086,631	2,053,044
Other Mental Health Services	2,966,539	18,716,340	(348,689)	38,968,010	37,807,643	(1,160,367)
PRTF Facility	1,659,893	12,385,054	1,970,704	25,373,603	28,925,265	3,551,661
CA - PRTF	1,180,139	7,562,265	(105,964)	13,633,177	13,709,079	75,901
Managed Care Capitation Payments	77,631,257	467,341,581	3,352,859	998,276,596	961,649,238	(36,627,358)
Managed Care Kick Payments	7,608,698	54,672,684	567,126	75,369,622	112,819,216	37,449,594
Managed Care HAF Payments	43,880,864	783,028,863	(4,590,444)	1,046,602,865	1,055,743,838	9,140,972
Healthy Indiana Plan	16,579,659	130,026,393	15,555,391	276,596,360	293,720,447	17,124,087
PCCM/CMO Fees	449,406	2,790,066	(143,098)	5,616,199	5,366,361	(249,838)
State Plan Services	248,632,868	1,509,542,525	29,964,837	3,175,025,411	3,218,132,468	43,107,057
Other Expenditures and Collections	6,247,049	(66,763,846)	30,763,769	(91,737,223)	(67,761,153)	23,976,070
Total Budgeted Expenditures	618,542,778	4,264,060,856	94,997,981	8,230,672,125	8,332,173,609	101,501,484
Non-Budget Expenditures	227,212,063	511,742,806		1,402,685,981	1,377,830,578	
Total - Expenditures	845,754,841	4,775,803,662		9,633,358,106	9,710,004,187	
Estimated Enrollees	1,103,849	1,107,291	1,114,464	1,118,811	1,123,090	4,279
Total Cost per Enrollee per Month	\$560	\$642	\$652	\$613	\$618	\$5



Variance Explanations

Services	Actual Spend YTD	Budget	Variance	Variance Explanation
Division Program Services				
Nursing Facility	695,470,872	702,826,339	1.06%	<u>Favorable variance due primarily to:</u> - Lower enrollment than budgeted. The budget assumed no growth during SFY 2013. - Enrollment is .04% lower than budgeted.
Hospice	39,586,328	40,214,128	1.59%	<u>Favorable variance due primarily to:</u> - Lower enrollment than budgeted. The budget assumed enrollment growth would be at 1.5-2%. As of December, enrollment remains flat.
Waiver Services				
Aged and Disabled Waiver – Waiver Services	64,598,823	66,670,119	3.21%	<u>Favorable variance due primarily to:</u> - Utilization lower than budgeted (3%) - primarily driven by Attendant Care utilization, which is lower than budgeted (5%). - Cost per enrollee lower than budgeted (.9%). - Enrollment lower than budgeted (2.3%).
MFP Demonstration Grant – Waiver Services	3,127,773	3,115,871	-0.38%	<u>Unfavorable variance due primarily to:</u> - Utilization higher than budgeted (.4%) - primarily driven by Assisted Living utilization, which is higher than budgeted (5%). - Enrollment higher than budgeted (.7%).
TBI Waiver - Waiver Services	2,516,373	2,681,209	6.55%	<u>Favorable variance due primarily to:</u> - Utilization lower than budgeted (6.6%) - primarily driven by Attendant Care utilization, which is lower than budgeted (9%).
Family Supports – Waiver Services	23,914,992	24,693,188	3.25%	<u>Favorable variance due primarily to:</u> - Overall utilization lower than budgeted (3%). - Enrollment slightly lower than budgeted (.6%). - Waiver cost per enrollee slightly lower than budgeted (.4%).
CIH - Waiver Services	236,233,354	240,025,542	1.61%	<u>Favorable variance due primarily to:</u> - Utilization lower than budgeted (1.6%) - primarily driven by Residential Habilitation and Support utilization which is 3% lower than budgeted. - Enrollment lower than budgeted (1%). - Waiver cost per enrollee lower than budgeted (.5%).



Variance Explanations *cont'd*

Services	Actual Spend YTD	Budget	Variance	Variance Explanation
ICF/ID				
ICF/ID Small Group Homes	138,940,181	136,907,605	-1.46%	Favorable variance due primarily to: - Enrollment 1.7% higher than budgeted.
ICF/ID Large Private Facility	8,789,315	12,755,024	45.12%	Favorable variance due primarily to: - Enrollment 11% lower than budgeted .
Mental Health				
Inpatient Psychiatric	24,629,830	23,293,342	-5.43%	Favorable variance due primarily to: - Number of recipients served higher than budgeted (7%). - Expenditures include retro rate changes for services provided in 2011 and 2012.
Mental Health Rehabilitation	106,663,707	109,128,466	2.31%	Favorable variance due primarily to: - Lower utilization than budgeted (primarily for Skills Train and Dev, which is 1.5% under budget)
Other Mental Health Services	18,716,340	18,367,651	-1.86%	Favorable variance due primarily to: - Higher utilization than budgeted in Institutionalized population. - Estimated recipients are lower than budgeted, however, cost per recipient is higher than budgeted. - Office/Other Outpatient Facility 9% over budget and Other Psychotherapy/Psychiatric services – 12% over budget .
PRTF Facility	12,385,054	14,355,758	15.91%	Favorable variance due primarily to: - Lower utilization than budgeted. Additionally, enrollment is lower than budgeted.
CA - PRTF	12,385,054	14,355,758	-1.40%	Unfavorable variance due primarily to: - Lower utilization of State Plan Services than budgeted.
RBMC				
Managed Care Capitation Payments	467,341,581	470,694,440	0.72%	Favorable variance due primarily to: - Lower enrollment than budgeted.
Managed Care Kick Payments	54,672,684	55,239,810	1.04%	Favorable variance due primarily to: - Lower enrollment than budgeted.
Managed Care HAF Payments	783,028,863	778,438,418	-0.59%	Unfavorable variance due primarily to: - Higher than budgeted HAF payments.



State Plan Services Expenditures

December 2012 YTD

December-12
4 Payment Days in Month

Expenditures

State Plan Services

Hospital Services

Inpatient Hospital

Outpatient Hospital

Rehabilitation Facility

Non-Hospital Services

Physician Services

Lab and Radiology Services

Other Practitioner Services

Clinic Services

DME/Prosthetics

Medical Supplies

RBMC

Traditional

Transportation

Other Non-Hospital

Prescribed Drugs

RBMC

Traditional

OTC Drugs

RBMC

Traditional

Dental Services

RBMC

Traditional

Home Health Services

Targeted Case Management

First Steps

Subtotal - State Plan Services

Current Month Actual	SFY 2013 Year to Date		Variance	SFY 2013		Variance
	Actual Spent	Budget		Forecast	Budget	
248,632,868	1,509,542,525	1,539,507,362	29,964,837	3,175,025,411	3,218,132,468	43,107,057
78,750,680	485,594,506	491,260,457	5,665,951	1,005,511,169	1,010,483,984	4,972,815
43,149,942	253,714,360	249,747,425	(3,966,935)	546,799,724	536,303,311	(10,496,414)
364,342	3,296,019	4,163,232	867,213	7,590,136	8,382,685	792,548
11,344,455	70,216,844	69,544,641	(672,203)	145,335,502	143,781,287	(1,554,215)
2,761,549	16,528,768	16,200,829	(327,939)	34,197,128	33,327,876	(869,252)
426,893	2,804,082	2,952,753	148,670	5,892,047	6,063,128	171,081
5,080,827	31,660,023	32,099,985	439,962	65,420,866	65,719,042	298,176
4,203,410	24,227,275	24,950,686	723,410	51,292,720	51,823,571	530,850
445,860	2,608,470	2,398,489	(209,981)	3,507,745	4,887,264	1,379,519
3,419,144	19,947,761	21,085,584	1,137,823	41,673,012	44,286,433	2,613,420
3,553,619	21,547,924	22,711,538	1,163,614	45,429,530	46,724,037	1,294,507
2,557,448	13,314,881	14,662,576	1,347,695	30,282,515	31,438,242	1,155,727
27,130,756	157,789,895	163,732,973	5,943,077	335,309,748	346,708,437	11,398,689
29,601,312	180,971,088	196,275,325	15,304,237	385,974,328	409,755,481	23,781,153
191,513	1,275,230	1,252,128	(23,103)	2,714,123	2,576,537	(137,586)
305,123	1,925,559	2,331,566	406,007	4,271,374	4,807,960	536,586
11,859,952	74,585,938	75,336,020	750,082	151,936,183	153,656,518	1,720,335
4,659,165	26,847,428	24,456,744	(2,390,684)	54,097,548	51,308,203	(2,789,345)
18,429,040	117,704,637	121,684,179	3,979,542	251,953,403	260,578,224	8,624,821
0	0	0	0	0	0	0
397,839	2,981,836	2,660,233	(321,603)	5,836,609	5,520,249	(316,359)
248,632,868	1,509,542,525	1,539,507,362	29,964,837	3,175,025,411	3,218,132,468	43,107,057



Variance Explanations

Services	Actual Spend YTD	Budget	Variance	Variance Explanation
State Plan				
Inpatient Hospital	485,594,506	491,260,457	1.17%	<u>Favorable variance due primarily to:</u> - Lower utilization, specifically in the ABD population. Lower utilization in the Care Select and Non Duals population make up 99% of the favorable variance.
Outpatient Hospital	253,714,360	249,747,425	-1.56%	<u>Unfavorable variance due primarily to:</u> - Higher than budget hospital assessment fees.
Rehabilitation Facility	3,296,019	4,163,232	26.31%	<u>Favorable variance due primarily to:</u> - Utilization lower than budgeted - primarily driven by ABD population utilization, which is 24% lower than budgeted.
Physician Services	70,216,844	69,544,641	-0.96%	<u>Unfavorable variance due primarily to:</u> - Utilization slightly higher than budgeted - primarily driven by ABD dual population utilization, which is 9% higher than budgeted.
Lab and Radiology Services	16,528,768	16,200,829	-1.98%	<u>Unfavorable variance due primarily to:</u> - Utilization higher than budgeted - driven by the ABD and Institutionalized population utilization, which is 3% higher than budgeted.
Other Practitioner Services	2,804,082	2,952,753	5.30%	<u>Favorable variance due primarily to:</u> - Utilization lower than budgeted - primarily driven by ABD population utilization, which is 6% lower than budgeted. - This category includes Therapy services, podiatry and chiropractic services. Utilization is lower in Respiratory, Occupational and Audiology therapy, where the state implemented a 5% rate reduction.
Clinic Services	31,660,023	32,099,985	1.39%	<u>Favorable variance due primarily to:</u> - Utilization lower than budgeted - primarily driven by Nursing Home population utilization, which is 20% lower than budgeted.
DME/Prosthetics	24,227,275	24,950,686	2.99%	<u>Favorable variance due primarily to:</u> - Utilization lower than budgeted - primarily driven by ABD Non Dual population utilization, which is 6.6% lower than budgeted.
Medical Supplies	22,556,231	23,484,073	4.11%	<u>Favorable variance due primarily to:</u> - Utilization lower than budgeted primarily in the ABD population.



ACA Primary Care Physician Payments

- Section 1202 of the Affordable Care Act requires a temporary increase in Medicaid payments for qualifying primary care services
- Increase payments are for specific procedure codes for dates of service in CYs 2013 and 2014
- Both FFS and risk based managed care providers are eligible
- Currently, over 4,000 self-attestation forms have been received (there are duplicates)
- The increase is federally funded at 100%
- The first projected quarterly supplemental payment is targeted for June,2013
- Requires the submission of a state plan amendment.
- Target submission date is 03/29/2013



The End